

Instructions For Notice of Motion For Simplified Modification Of Support

WHEN TO USE THIS PACKET

You can use this packet to ask the court to modify an existing order for child, spousal or family support. It can be used in pre-existing Family Support cases or if the other party has already filed documents (such as a Response) in the case.

Once the documents are filled out and filed with the court, you will be given a court date.

This packet includes a “**Notice of Motion for Simplified Modification** ” [FL-390], “**Financial Statement**” [FL 155], and a “**Proof of Service by Mail**” [FL 335] along with instructions for completing the forms. There is also a blank “**Responsive Declaration**” [FL 392], which is served with the above documents.

Filing Fee in Family Law Cases:

There is a filing fee for filing the enclosed forms if you have already filed documents in this case. If you have not filed documents before, there is an additional first time filing fee. You may be eligible for a “**Fee Waiver**” which is available as a separate packet.

If you are eligible for a Fee Waiver, your filing fees will be waived.

Once the Notice of Motion documents are filled out, filed with the court and a court date assigned, a copy of the Notice of Motion and other documents must be served on all other parties by having someone mail the other parties a copy of the documents. The Proof of Service by Mail must be completed by the person who serves the Notice of Motion on the other parties and then filed with the court.

Note: you may personally serve the other parties. If you want to personally serve the other parties you will need a “**Proof of Personal Service**” [FL-330].

SAMPLE

FORMS

FL-390

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to F.C. §§ 17400, 17406) (Name, State Bar Number, and Address): <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div>	TELEPHONE NO.: 	FOR COURT USE ONLY
<div style="border: 1px solid black; padding: 5px;"> 1 </div>		
<div style="border: 1px solid black; padding: 5px;"> 2 </div>		
<div style="border: 1px solid black; padding: 5px;"> SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002 </div>		
PETITIONER/PLAINTIFF: 		
RESPONDENT/DEFENDANT: 		
OTHER PARENT: 		
4		
5		
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> FAMILY SUPPORT		
TO (name): 		CASE NUMBER:
1. A hearing on this motion for the relief requested below will be held as follows: 		
<div style="border: 1px solid black; padding: 5px;"> 6 </div>		
a. Date: _____ Time: _____ Dept.: _____ Room: _____ 		
b. Address of court: <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____ 		
<div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div> 7		
8		
2. I am requesting the court to change the amount currently payable by <input type="checkbox"/> petitioner/plaintiff <input type="checkbox"/> respondent/defendant <input type="checkbox"/> other parent to the following: 		
a. <input type="checkbox"/> child support pursuant to the California child support guideline commencing (date): 		
b. <input type="checkbox"/> spousal support of: \$ _____ per month beginning (date): 		
c. <input type="checkbox"/> family support of: \$ _____ per month beginning (date): or such other sums as may be appropriate pursuant to applicable guidelines.		
3. I am requesting issuance of modified earnings assignment.		
4. <input type="checkbox"/> I am requesting the court to order the <input type="checkbox"/> petitioner/plaintiff <input type="checkbox"/> respondent/defendant <input type="checkbox"/> other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment (form FL-470).		
5. (Check whichever statements are true, if any) 		
a. <input type="checkbox"/> An application for public assistance (TANF) for the children is pending in (county name): _____ County. 		
b. <input type="checkbox"/> The children are receiving public assistance from (county name): _____ County. 		
c. <input type="checkbox"/> This request is made by the governmental agency providing support enforcement services in this action.		
6. This request is based on 		
a. the attached completed Financial Statement (Simplified) (form FL-155) or Income and Expense Declaration (form FL-150) for the applicant.		
b. <input type="checkbox"/> a significant change in the income of <input type="checkbox"/> petitioner/plaintiff <input type="checkbox"/> respondent/defendant <input type="checkbox"/> other parent		
c. <input type="checkbox"/> the attached guideline support calculation sheet.		
d. <input type="checkbox"/> other (specify): _____		
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Date: _____		
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)
<div style="display: flex; justify-content: space-between; font-size: small;"> <div> Form Adopted for Mandatory Use Judicial Council of California FL-390 (Rev. January 1, 2003) </div> <div> NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT </div> <div> Page 1 of 2 Family Code, § 3620 www.courtinfo.ca.gov </div> </div>		

How to fill out

NOTICE OF MOTION AND SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL AND FAMILY SUPPORT (FL-390)

DIRECTIONS

- Find the number on the sample form. *Example:* **1**
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known leave it

- 1** Write your name, address and telephone number here.
- 2** If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3** Print the name of the Petitioner. You are the “Petitioner” if you started this case. If the County of Fresno started this case, print “Fresno County” for Petitioner. The “Respondent” is the person who this case was started against.
- 4** Check the box for the type of support you are asking to modify – child, spousal, or family.
- 5** Write the name of all the other parties in the case – for example County of Fresno and the other parent's name.
- 6** DO NOT FILL IN. Take this form to the Facilitator’s Office or downtown courthouse 4th floor for the court date.
- 7** Check the box if the hearing is at the address listed in **2** above. If the hearing is being held somewhere else, check that box and write in the address.
- 8** If you want the court to change the amount of support being paid, fill out item 2. Check the box for the person paying the support. Check box 2(a) if you want to change the child support and write in the date you want the change to start. Check box 2(b) if you want to change spousal support, write in the new amount and write in the date you want the change to start. Check box 2(c) if you want to change family support, write in the new amount and write in the date you want the change to start.

- page one continued -

- | FL-390 | |
|---|--|
| <p>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to
FC §§ 17400, 17406) (Name, State Bar Number, and Address):</p>

<p style="text-align: center;">SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO
1100 Van Ness Avenue
Fresno, California 93724-0002</p> <p>PETITIONER/PLAINTIFF:</p> <p>RESPONDENT/DEFENDANT:</p> <p>OTHER PARENT:</p> | <p>TELEPHONE NO.:</p>

<p style="text-align: center;">FOR COURT USE ONLY</p>

<p>CASE NUMBER:</p> |
| <p>NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER
 FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> FAMILY SUPPORT</p> | |

TO (name):

1. A hearing on this motion for the relief requested below will be held as follows:

a. Date:	Time:	Dept.:	Room:
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b. Address of court: ☐ same as noted above ☐ other (specify):

2. I am requesting the court to change the amount currently payable by
☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to the following:

a. ☐ child support pursuant to the California child support guideline commencing (date):

b. ☐ spousal support of: \$ per month beginning (date):

c. ☐ family support of: \$ per month beginning (date):

or such other sums as may be appropriate pursuant to applicable guidelines.

3. I am requesting issuance of modified earnings assignment.

4. ☐ I am requesting the court to order the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment (form FL-470).

5. (Check whichever statements are true, if any)

a. ☐ An application for public assistance (TANF) for the children is pending in (county name): County.

b. ☐ The children are receiving public assistance from (county name): County.

c. ☐ This request is made by the governmental agency providing support enforcement services in this action.

6. This request is based on

a. the attached completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150) for the applicant.

b. ☐ a significant change in the income of ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent

c. ☐ the attached guideline support calculation sheet.

d. ☐ other (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
Judicial Council of California
FL-390 [Rev. January 1, 2003]

**NOTICE OF MOTION AND MOTION FOR SIMPLIFIED
MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT**

Page 1 of 2
Family Code, § 3980
www.courtinfo.ca.gov
American LegalNet, Inc.
www.USCourtForms.com

- 9 If you want the court to order the other parent to provide health insurance for the child(ren) check box 4 and then check the box for the person who should provide the insurance – petitioner, respondent, or other parent.
- 10 Check box 5(a) if an application for public assistance for the child(ren) has been filed and you are waiting for a decision. Write in the county where the application was filed.
- 11 Check box 5(b) if the child(ren) are receiving public assistance. Write in the county providing the assistance.
- 12 There is nothing to check at 6(a) but you MUST attach a Simplified Financial statement or Income and Expense Declaration.
- 13 Check box 6(b) if either parent is making either a lot less OR a lot more money then they did before. Check the box for the person making less OR more money- petitioner, respondent, or other parent.
- 14 Check box 6(c) if you are attaching a support calculation sheet (Dissomaster or Child Support Calculator).
- 15 Check box 6(d) if there is any other reason you are asking to modify the support. Write in that reason.
- 16 Date and print your name on the left and sign your name on the right.

FL-155

1. Your name and address (or attorney's name and address)

2. SUPERIOR COURT OF CALIFORNIA, COUNTY OF

3. PETITIONER/RESPONDENT

FINANCIAL STATEMENT (SIMPLIFIED)

NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
b. ☐ I have applied for TANF, SSI, or GA/GR.

2. I am the parent of the following number of natural or adopted children from this relationship: _____

3. a. The children from this relationship are with me this amount of time: _____ %
b. The children from this relationship are with the other parent this amount of time: _____ %
c. Our arrangement for custody and visitation is (specify, using extra sheet if necessary): _____

4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.

5. My current gross income (before taxes) per month is: _____
The income comes from the following:
a. Salary/wages: Amount before taxes per month: _____
b. Retirement: Amount before taxes per month: _____
c. Unemployment compensation: Amount per month: _____
d. Workers' compensation: Amount per month: _____
e. Social security: ☐ SSI ☐ Other: Amount per month: _____
f. Disability: Amount per month: _____
g. Interest income (from bank accounts or other): Amount per month: _____
h. I have no income other than as stated in this paragraph.

6. I pay the following monthly expenses for the children in this case:
a. Day care or preschool to allow me to work or go to school: _____
b. Health care not paid for by insurance: _____
c. School, education, tuition, or other special needs of the child: _____
d. Travel expenses for visitation: _____
e. There are (specify number) _____ other minor children of mine living with me. Their monthly expenses that I pay are: _____

7. I spend the following average monthly amounts (please attach proof):
a. Job-related expenses that are not paid by my employer (specify reasons for expenses on separate sheet): _____
b. Required union dues: _____
c. Required retirement payments (not social security, FICA, 401k or 403a): _____
d. Health insurance costs: _____
e. Child support I am paying for other minor children of mine who are not living with me: _____
f. Spousal support I am paying because of a court order for another relationship: _____
g. Monthly housing costs: ☐ rent or ☐ mortgage
if mortgage: interest payments \$ _____ real property taxes \$ _____

8. Information concerning:
a. my current employment ☐ my most recent employment
Employer: _____
Address: _____
Telephone number: _____
My occupation: _____
Date work started: _____
Date work stopped (if applicable): _____
What was your gross income (before taxes) before work stopped? _____

FINANCIAL STATEMENT (SIMPLIFIED)

How to fill out

FINANCIAL STATEMENT (SIMPLIFIED) (FL-155)

DIRECTIONS

- Find the number on the sample form.
Example: 1
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

- Don't use this form for:** Spousal Support, Attorneys Fees or if you are self-employed. Read the INSTRUCTIONS on page 2 of the actual form to make sure you qualify to use this form. Then, write your name and address here.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- You are the "Petitioner" if you started the case. You are the "Respondent" if another person started the case against you. Write the full name (first, middle, last) of each.
- Check 1.a. if you are on TANF, SSI, or GA/GR and this is the only money you get. If you check this box, skip to **10** (#8) below. Check 1.b if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- For # 2, put in the number of children born or adopted by you and the other party. For # 3, write in the percentage of time you are with the child/children and the percentage of time the other parent is with them. Example: if you have them weekdays and the other parent has them weekends the children are with you about 70% of the time and with the other parent about 30% of the time.
- For # 4, check the box that tells how you currently file your taxes, either as a single person, married filing together, as head of household, or married but filing on your own.
- For # 5, put in the amount of money you get each month before taxes are taken out. Then check the boxes where the money comes from and write each amount. When you add these amounts, the number should be the same as what you wrote for your total monthly income.
- For # 6, check all boxes that apply to you, and list the amount of each of these expenses.
- Check the box after # 7 if you have other children under age 18 living with you, *who are not part of this case*. Put in the number of children and list the amount of money you spend each month on them.
- Read # 8 carefully, and check all boxes that apply to you. List the average amount of money you spend each month on these items. Attach proof that you make these payments (statements, bills, invoices, etc.).
- For # 9, check the first box if you currently have a job or the second box if you are currently not working. Give the name, address and phone number of your current employer, or your most recent employer. Occupation means your job title. For example, "mechanic" or "cashier." Write the date you started this job and/or stopped & what income was.

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	CASE NUMBER: _____
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10. My estimate of the other party's gross monthly income (*before taxes*) is _____ \$

11. My current spouse's monthly income (*before taxes*) is _____ \$

12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*). _____

13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME) _____ (SIGNATURE OF DECLARANT) _____

☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as TANF, GR, or GA)
 - Salary or wages
 - Disability
 - Unemployment
 - Interest
 - Workers' compensation
 - Social security
 - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

FL-155 (Rev. January 1, 2004) Page 2 of 2

FINANCIAL STATEMENT (FL-155)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 15
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER, fill it in. If not known, leave it blank.

- 12 List the full name of both parties in the case.
- 13 Put in the total amount of money you think the other party makes in a month before taxes are taken out. Below that, if you have remarried write your current spouse's income (before taxes).
- 14 If you want the court to know what your expenses are, you can attach page 3 of form FL-150.
- 15 Print your name on the left and sign it on the right. Put in the date that you signed the form. By signing this form you are saying that what you wrote is correct. If you have something else you want the court to know about your case, write it down on another piece of paper and attach it to this form.
- 16 Read and follow the INSTRUCTIONS section carefully. There is nothing to fill out, but there is information here that will help you. "Eligible" means "allowed." Most people filling out this form are probably eligible, but if you answered YES to any of the questions in Step 1, you are not allowed to use this form.

Make sure to attach check stubs for the last 2 months. Cross out your social security numbers.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (Under Family Code, §§ 17400, 17406) (Name, state bar number, and address):		TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT			
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:	CASE NUMBER:

1. ☐ I consent to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).
2. ☐ I object to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) for the following reasons (check one or more):
- ☐ My income is incorrectly stated.
 - ☐ The other parent's income is incorrectly stated.
 - ☐ I am entitled to the hardship deductions as shown in my attached *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - ☐ The other parent is not entitled to hardship deductions as claimed.
 - ☐ The amount of support is not computed correctly.
 - ☐ OTHER (specify):
3. I have attached the following:
- A completed copy of my *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - ☐ A guideline support calculation sheet.
 - ☐ OTHER (specify):

NOTICE TO BOTH PARENTS

You must bring copies of your three most recent pay stubs and your two most recent federal and state tax returns (whether individual or joint) to the hearing.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 2

Form Adopted for Mandatory Use
Judicial Council of California
FL-392 (Rev. January 1, 2005)

**RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED
MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT**

Family Code, § 3680
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com

How to fill out

RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT (FL-392)

DIRECTIONS

- **Leave this blank.**
The other party fills out this form.

Leave this form blank. This form is served on the other party. The other party fills out this form.

How to fill out

PROOF OF SERVICE BY MAIL (Family Law) FL-335

DIRECTIONS:

- Find a number on the sample form.
Example: ❶
- Go to the same number below to find out how to fill out the form
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-335	
<small>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17490) (Name, state bar number, and address)</small>	
<small>FOR COURT USE ONLY</small>	
❶	
TELEPHONE NO.:	FAX NO.:
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
❷	
PETITIONER/PLAINTIFF:	
❸	
RESPONDENT/DEFENDANT:	
OTHER PARTY:	
PROOF OF SERVICE BY MAIL	
CASE NUMBER	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

2. My residence or business address is: **❹**

3. I served a copy of the following documents (*specify*): **❺**

by enclosing them in an envelope AND

a. ☐ depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.

b. ☐ placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

a. Name of person served:

b. Address: **❻**

c. Date mailed:

d. Place of mailing (*city and state*):

5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **❼**

(TYPE OR PRINT NAME) (SIGNATURE OF PERSON COMPLETING THIS FORM)

Page 1 of 2

Form Approved for Optional Use
Judicial Council of California
FL-335 (Rev. January 1, 2002)

PROOF OF SERVICE BY MAIL

Code of Civil Procedure, §§ 1013, 1013a
www.courtinfo.ca.gov

NOTE: the person serving the papers will use this form if they mailed the papers.

- ❶ Write your name, address, and telephone number.
- ❷ If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ❸ Write the names of the parties. You are “Petitioner” if you started the case. You are “Respondent” if you did not.
- ❹ Write the home or business address of the person who will serve the papers.
- ❺ Write the names of the papers served. (For example, “Notice of Motion.”)
- ❻ Write the name and address of the person to whom the papers were mailed exactly as it was written on the envelope.
Write the date the envelope was mailed, and the city and state from which it was mailed.
- ❼ The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
b. Print the address you put on the envelope containing the documents.
c. Write in the date that you put the envelope containing the documents in the mail.
d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

PROOF OF SERVICE BY MAIL (Family Law) FL-335

- page two -

There is nothing to fill out on this page, but you should read these instructions.

BLANK

FORMS

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to FC §§ 17400, 17406) (Name, State Bar Number, and Address): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	TELEPHONE NO.:	FOR COURT USE ONLY
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> FAMILY SUPPORT		
		CASE NUMBER:

TO (name):

1. A hearing on this motion for the relief requested below will be held as follows:

a. Date:	Time:	Dept.:	Room:
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b. Address of court: ☐ same as noted above ☐ other (specify):

2. I am requesting the court to change the amount currently payable by

☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to the following:

- a. ☐ child support pursuant to the California child support guideline commencing (date):
 - b. ☐ spousal support of: \$ _____ per month beginning (date):
 - c. ☐ family support of: \$ _____ per month beginning (date):
- or such other sums as may be appropriate pursuant to applicable guidelines.

3. I am requesting issuance of modified earnings assignment.

4. ☐ I am requesting the court to order the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment (form FL-470).

5. (Check whichever statements are true, if any)

- a. ☐ An application for public assistance (TANF) for the children is pending in (county name): _____ County.
- b. ☐ The children are receiving public assistance from (county name): _____ County.
- c. ☐ This request is made by the governmental agency providing support enforcement services in this action.

6. This request is based on

- a. the attached completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150) for the applicant.
- b. ☐ a significant change in the income of ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent
- c. ☐ the attached guideline support calculation sheet.
- d. ☐ other (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

PROOF OF SERVICE

The *Notice of Motion and Motion* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the children are receiving TANF, the *Notice of Motion and Motion* must also be served on the local child support agency of the county where the action is filed. Service of the motion on the local child support agency and other party may be made by anyone at least 18 years EXCEPT you. Service is made in one of the following ways:

- (1) Personally delivering it to the office of the local child support agency and to the other party.

OR

- (2) Mailing it, postage prepaid, to the office of the local child support agency, and to the last known address of the other party.

Anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the motion. Be sure whoever served the motion fills out and signs this proof of service. The *Notice of Motion and Motion* cannot be filed with the court until the local child support agency and the other party (or attorney) are served and this proof of service is properly completed. If this motion is brought after judgment has been entered in the case, service must be made on the party and not the attorney for the party.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Notice of Motion and Motion* as follows (check either a. or b. below for each person served):
 - a. ☐ **Personal service.** I personally delivered a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* and all attachments as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
(a) Address where delivered:	(a) Address where delivered:
(b) Date of delivery:	(b) Date of delivery:
(c) Time of delivery:	(c) Time of delivery:
 - b. ☐ **Mail.** I deposited a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
(a) Address:	(a) Address:
(b) Date of mailing:	(b) Date of mailing:
(c) Time of mailing:	(c) Time of mailing:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

<hr style="border: 0; border-top: 1px solid black;"/> (TYPE OR PRINT NAME)	<div style="text-align: right;">▶</div> <hr style="border: 0; border-top: 1px solid black;"/> (SIGNATURE OF PERSON WHO SERVED MOTION)
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Your name and address or attorney's name and address: 	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
FINANCIAL STATEMENT (SIMPLIFIED)		
		CASE NUMBER:

NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
 b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship _____
3. a. The children from this relationship are with me this amount of time _____ %
 b. The children from this relationship are with the other parent this amount of time _____ %
 c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary)*:
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income *(before taxes)* per month is _____ \$
 This income comes from the following:

Attach 1
copy of pay
stubs for
last 2
months here
(cross out
social
security
numbers)

☐ Salary/wages: Amount before taxes per month _____ \$
☐ Retirement: Amount before taxes per month _____ \$
☐ Unemployment compensation: Amount per month _____ \$
☐ Workers' compensation: Amount per month _____ \$
☐ Social security: ☐ SSI ☐ Other Amount per month _____ \$
☐ Disability: Amount per month _____ \$
☐ Interest income (from bank accounts or other): Amount per month _____ \$

I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
 - a. ☐ Day care or preschool to allow me to work or go to school _____ \$
 - b. ☐ Health care not paid for by insurance _____ \$
 - c. ☐ School, education, tuition, or other special needs of the child _____ \$
 - d. ☐ Travel expenses for visitation _____ \$
7. ☐ There are *(specify number)* _____ other minor children of mine living with me. Their monthly expenses that I pay are _____ \$
8. I spend the following average monthly amounts *(please attach proof)*:
 - a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* _____ \$
 - b. ☐ Required union dues _____ \$
 - c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) _____ \$
 - d. ☐ Health insurance costs _____ \$
 - e. ☐ Child support I am paying for other minor children of mine who are not living with me _____ \$
 - f. ☐ Spousal support I am paying because of a court order for another relationship _____ \$
 - g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage _____ \$
 If mortgage: interest payments \$ _____ real property taxes \$ _____
9. Information concerning ☐ my current employment ☐ my most recent employment:

Employer:
 Address:
 Telephone number:
 My occupation:
 Date work started:
 Date work stopped *(if applicable)*: _____

What was your gross income *(before taxes)* before work stopped?: _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is \$ _____
11. My current spouse's monthly income (*before taxes*) is \$ _____
12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).
13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)
		<input type="checkbox"/> PETITIONER/PLAINTIFF <input type="checkbox"/> RESPONDENT/DEFENDANT

INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?

<ul style="list-style-type: none"> • Welfare (such as TANF, GR, or GA) • Salary or wages • Disability • Unemployment 	<ul style="list-style-type: none"> • Interest • Workers' compensation • Social security • Retirement
--	--
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address):		TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT			
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:	CASE NUMBER:

1. ☐ I consent to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).
2. ☐ I object to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) for the following reasons (check one or more):
- a. ☐ My income is incorrectly stated.
 - b. ☐ The other parent's income is incorrectly stated.
 - c. ☐ I am entitled to the hardship deductions as shown in my attached *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - d. ☐ The other parent is not entitled to hardship deductions as claimed.
 - e. ☐ The amount of support is not computed correctly.
 - f. ☐ OTHER (specify):
3. I have attached the following:
- a. A completed copy of my *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - b. ☐ A guideline support calculation sheet.
 - c. ☐ OTHER (specify):

NOTICE TO BOTH PARENTS

You must bring copies of your three most recent pay stubs and your two most recent federal and state tax returns (whether individual or joint) to the hearing.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

PROOF OF SERVICE

This *Responsive Declaration* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the child is receiving TANF, the *Responsive Declaration* must also be served on the local child support agency of the county where the action is filed. Service of the *Responsive Declaration* on the local child support agency and other party may be made by anyone at least 18 years of age EXCEPT you.

Service is made in one of the following ways:

(1) Personally delivering it to the office of the local child support agency and to the other party.

OR

(2) Mailing it, postage prepaid, to the office of the local child support agency and to the other party.

Anyone at least 18 years of age EXCEPT A PARTY to this action may personally serve or mail the *Responsive Declaration*. Be sure whoever served the declaration fills out and signs this proof of service. The *Responsive Declaration* cannot be filed with the court until the local child support agency and the other party are served and this proof of service is properly completed.

1. At the time of service I was at least 18 years of age and not a party to the legal action.

2. I served a copy of the foregoing *Responsive Declaration* as follows (check either a. or b. below for each person served):

a. ☐ **Personal service.** I personally delivered a copy of the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* as follows:

☐ (1) Name of party or attorney served:

☐ (2) Name of local child support agency served:

(a) Address where delivered:

(a) Address where delivered:

(b) Date of delivery:

(b) Date of delivery:

(c) Time of delivery:

(c) Time of delivery:

b. ☐ **Mail.** I deposited a copy of the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

☐ (1) Name of party or attorney served:

☐ (2) Name of local child support agency served:

(a) Address:

(a) Address:

(b) Date of mailing:

(b) Date of mailing:

(c) Time of mailing:

(c) Time of mailing:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON WHO SERVED RESPONSIVE DECLARATION)

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents (*specify*):

a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.

b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

- Name of person served:
- Address:
- Date mailed:
- Place of mailing (*city and state*):

Date:

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served.

You cannot serve documents if you are a party to the action.

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4.
 - a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Write in the date that you put the envelope containing the documents in the mail.
 - d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.